

Annual Report and Accounts 2008–2009

The Royal College of Radiologists: delivering public benefit

The College is a Charity registered with the Charity Commission for England and Wales (Registration No 211540)

The College works for the benefit of the sections of the public it serves – patients who use the services delivered by clinical radiologists and clinical oncologists and their carers, families and friends and potential patients within the UK.

The great majority of the College's Fellows and members are based in the UK.

The **main areas of public benefit** are as follows.

- Setting and maintaining the standards for entry to, and practise in, the specialties of clinical radiology and clinical oncology.
- Arrangements for continuing professional development (CPD) in both specialties.
- Publishing professional guidance, standards and similar documents which, with a few exceptions, are available free of charge on the College's website.
- Publishing a range of patient guidance leaflets free of charge and copyright-free, enabling local health services to adapt them to their own needs.
- A major, award-winning website devoted to patient information (www.goingfora.com).
- Extensive and growing involvement of patients in the work of the College – at all levels from the development of policy to detailed standard setting and assessment work.
- Jointly with the Society and College of Radiographers, developing and delivering the *Imaging Services Accreditation Scheme*, with the aim of continuous quality improvement in the delivery of imaging services throughout the UK with a clear patient focus.
- Active involvement in healthcare policy development such as cancer services and promoting the use of new diagnostic and treatment techniques.
- Significant work in the area of patient safety, notably in cancer services and interventional radiology.

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President's overview

A look back over my second year as President of the College reveals another period of major change in radiology and oncology. The College has continued to lead the way – notably in the development of recertification, radiology service accreditation and patient safety.

Revalidation and recertification

Following a College-wide consultation on our recertification plans, co-ordinated by our Recertification Committee, we carried out a pilot study to assess the feasibility of a 'portfolio approach' to recertification, as a key element of revalidation. Volunteer Fellows from the Faculty of Clinical Radiology were asked to complete an anonymised portfolio consisting of four different categories by submitting evidence. This approach is intended to allow individuals to show that they are practising to a satisfactory level, in a way that is fair and equitable.

The results of this pilot demonstrated to the College that the portfolio approach to recertification is a feasible, practical way of helping doctors collate the evidence they need. The pilot showed that developments and refinements are needed and we are taking that forward. We have presented this approach to the General Medical Council (GMC) and this has been recognised as a significant contribution to the development of a workable method of recertification.

European Working Time Directive

The issues related to the European Working Time Directive have assumed a high profile during 2009. As a College, we are very aware that compliance with the Directive may be difficult, and we have stated publicly our concerns about its impact on training, and the effect on acute services, particularly in respect to interventional radiology. Many NHS organisations are finding it difficult to meet the requirements of the Directive, and an informal survey carried out within the Clinical Radiology Faculty indicated that most training departments are also having difficulties with the Directive and are anticipating that its full implementation by August 2009 will result in major problems with both training and service work; clinical oncology units have reported similar concerns. At best, compliance



Professor Andy Adam,
President

seems fragile and we have taken steps to ensure that we alert Fellows and members to action they can take to access central funds being made available to meet these challenges. While some of the focus has been on seeking temporary derogation, the long-term solution appears to be possible only by greater investment in the consultant workforce.

Doctors' working hours are an international problem; many European countries have either ignored the Directive or have complied with it only nominally. The USA has, notably, kept the working hours of junior hospital doctors at 80 per week. It remains to be seen if the UK will meet and sustain its goal of compliance in 2009.

Interventional radiology

In January 2009, I presented evidence to the Health Select Committee on issues connected with patient safety, including the availability of interventional radiology. This topic attracted the attention of a number of news outlets, leading to stories in national papers and websites. I was pleased to have been able

to raise the profile of interventional radiology in this way. Interventional radiology is now well established as a key technique, allowing radiologists to treat injuries and diseases as well as diagnose them, thereby avoiding the higher risks often associated with traditional surgery.

In my evidence to the Select Committee's inquiry, I made it clear that an urgent review of funding for interventional radiology is required. There is perhaps no other discipline in the health service where the gap

between the potential to increase patient safety, and the present reality, is greater. These resources are inevitably restricted, both in and out of hours, because funding for interventional radiology has to come from within the radiology budget, rather than competing for funds alongside other treatment specialties.

“ The College has continued to lead the way – notably in the development of recertification, radiology service accreditation and patient safety ”

Therefore, a technique that is essentially a development of 'pinhole surgery' sits within a service department that does not have the infrastructure for clinical practice.

There is great enthusiasm among radiologists for the expansion of interventional radiology, but the structure, both in terms of equipment and training around which to build that expansion, is not presently there. We have made a start – not only by raising the profile through the Select Committee – but also in many discussions at ministerial and very senior levels in the Department of Health as well as across the devolved countries. Furthermore, there was full support for a proposal to create designated posts in interventional radiology at the February meeting of the Clinical Radiology Faculty Board. We are also actively exploring new structures for training – offering three years of general training in radiology as now, followed by three years in a specialty area such as interventional work.

College research activity

In 2008, Professor Rodney Reznick was invited by Council to undertake a review of College research and academic activities. Specifically, Professor Reznick looked at the reasons for the relatively poor research performance in each specialty, the success or otherwise of current College initiatives, the different perspectives and background of each of the two specialties, and what routes the College might go down in the future. The report's proposals covered a wide range of potential activities which the College might undertake: both Faculties' Education and Faculty Boards considered these proposals, and their collated thoughts, with Officers' recommendations, were presented to Council in March. Council agreed that arrangements should be made to offer trainees a short course in early years on research methodology, probably via an e-learning module, and that the training programmes for both specialties might be adapted to allow greater flexibility in terms of including a period of research.

It was also agreed that the College should lobby major funding institutions for infrastructure grants and continue to provide research fellowships as at present, as well as engaging in intercollegiate research on subjects involving other disciplines. We will also look at the feasibility of establishing a database of publications undertaken by radiologists and clinical oncologists in the UK and explore the possibility of establishing links with organisations and institutions with experience in applying for grants both in the UK and the European Union. We are extremely grateful to Professor Reznick for his insight, and for his comprehensive and thoughtful report.

Developing radiotherapy

The Faculty of Clinical Oncology continues to press for and support the consistent provision across the UK of improved radiotherapy techniques such as intensity-modulated radiotherapy and image-guided radiotherapy. This is a service delivery, quality and patient safety issue and oncology Officers have addressed this with vigour, taking all opportunities to make the case at senior level meetings across the UK. The Clinical Oncology section of this report gives more detail on this and associated activities.

Accreditation

I was delighted to speak for the College at the launch of the Imaging Services Accreditation Scheme (ISAS) at the United Kingdom Radiological Congress (UKRC) in June 2009. It was pleasing to see so many people there, among whom was Professor Dame Janet Husband whose vision some three years ago led to the excellent scheme we now have. The arrangements are more fully reported on in the Clinical Radiology section of this Report.

College infrastructure

As you may recall from previous Annual Reports, the growth of the College remains an issue. The College anticipates expanding its activities to meet various demands and we are running out of space. Accordingly, we are now actively looking to acquire another building funded from the carefully managed reserves. We will look to secure external funding to support the refurbishment and kitting out of a new building, thus minimising the cost impact on Fellows and members.

Supporting Fellows and members

As a College, we continue to embrace electronic means of communicating with, and seeking the views of, our Fellows and members. Initiatives such as Clinical Radiology AuditLive, the recertification portfolio pilot, and Clinical Oncology's Site-Orientated e-Networks, are all prime examples of the successful use of electronic communication to gather the views and opinions of a broad section of our membership quickly and effectively. Of particular note are the College's workforce censuses, conducted within all oncology departments in England, Scotland, Wales and Northern Ireland and all radiology departments in England, Wales and Northern Ireland in 2008, via a web-based census form. This key piece of work is providing, for the first time, accurate data on the composition of

the UK workforce in clinical radiology and clinical oncology, an invaluable resource for workforce planning and the analysis of future trends. We now plan to make workforce census and trends a key activity of the College and we know this is likely to be widely supported among the Fellowship.

The College website, relaunched in 2008, continues to develop as a valuable method of communication and dissemination of information, and I hope you have found the new design to be an easy and wholly beneficial development. Our primary method of regular communication is now the College *Monthly News* email, as a Faculty-specific format, and we will continue to investigate further methods of electronic mass communication in the future as ways of delivering the most timely and effective news and information possible, with maximum efficiency and minimum inconvenience and cost.

“ We now plan to make workforce census and trends a key activity of the College and we know this is likely to be widely supported among the Fellowship ”

Acknowledgements

I am, as always, indebted to our elected College Officers, and I thank them all sincerely for their hard work in furthering the development of their respective Faculties, and the College as a whole. I would particularly like to thank Dr Giles Maskell, who finishes his term as Registrar of the Faculty of Clinical Radiology this year; we welcome his successor Dr Nicola Strickland who commences her term at the start of the 2009–10 College year. We also owe a great debt of gratitude as a College, to all Fellows, members and patients who have contributed to our work over the past twelve months.

Finally, on behalf of the whole Officer team, I would like to thank the staff of the College who provide us all with such dedicated support and guidance.

Clinical Oncology



Dr Jane Barrett,
Dean, Clinical Oncology

This year has seen an almost unprecedented focus nationally on cancer services following the publication of the English Cancer Reform Strategy at the end of 2007 and its first annual report a year later. Services are still implementing the recommendations of the English National Radiotherapy Advisory Group (NRAG)

report and its Implementation Group is charged with developing technical radiotherapy, increasing capacity and improving geographical access. This is challenging for the College, but the Radiotherapy Development Board has made great progress, with a forthcoming publication of an evidence base, standards and workforce implications for the effective implementation of intensity-modulated radiation therapy (IMRT). We also organised a workshop event in November 2008 with the Cancer Action Team (CAT) to help us plan services locally. We have been able to persuade the CAT to resource innovative ways of teaching teams, as well as implementing the Department of Health-funded Virtual Environment for Radiotherapy Training (VERT) initiative, which has been rolled out to all training establishments and most radiotherapy departments around England.

In Scotland, developments in radiotherapy services have also been discussed at a meeting with the Scottish Chief Medical Officer in February 2009. Currently, there is an agreed replacement programme for linear accelerators in Scotland until 2020. Treatment techniques such as IMRT, image-guided radiation therapy (IGRT) and stereotaxy will require significant investment and training of all staff groups to bring Scotland into line with best European practice. The Standing Northern Ireland Committee is also looking closely at commitments to increase the consultant oncology workforce and radiotherapy capacity, with additional discussions on the development and implementation of new radiotherapy technology and safety.

The Joint Collegiate Council for Oncology

The Joint Collegiate Council for Oncology (JCCO) has continued its work on defining the role of oncologists. The JCCO focused great attention on a National Patient Safety



Dr Adrian Crellin,
Registrar, Clinical Oncology

Agency alert in early 2008 regarding oral chemotherapy, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report, *For Better, For Worse*, on death within 30 days of delivery of systemic anti-cancer therapy in November 2008, and the simultaneous consultation document from the National Chemotherapy

Advisory Group. The JCCO has also looked at safety in chemotherapy delivery and the provision of acute oncology. A workshop in June 2009 looked at new ways of working and different clinical models of care, and it is clear that there is still a need for consultant expansion.

Revalidation and recertification

Revalidation is moving forward slowly, and it is becoming clearer gradually what is expected of Royal Colleges. The Registrar is leading this work: in particular, there is a need to revise continuing professional development (CPD) arrangements. A working group has been set up to look at what a representative portfolio of evidence for recertification might consist of. Given our widely differing job plans and site-specialist interests, the working group will cover both recertification and job planning.

Scientific meetings

The decision not to proceed with the Faculty's Annual Scientific Meeting (ASM) in September 2008 resulted in a major rethink about the way the College's scientific programme should run. The UK Radiation Oncology Congress (UKRO) is well established as a successful meeting and UKRO in Cardiff in 2009 was no exception; therefore it may be better to alternate the ASM and UKRO, with a greater emphasis on the National Cancer Research Institute meeting in the autumn, reserving College resources for site-specific one-day meetings. We are continuing to explore ways of providing excellent meetings that people can attend, as we are aware that finding time to leave the workplace for such activities is becoming increasingly difficult. The 2009 ASM, with a focus on proton therapy, could not be more timely, as the UK begins to address another section of the NRAG recommendations.

Faculty guidance issued in 2008 and 2009

Guidance issued in the past year is available on the College website, and includes:

- Implementing image-guided brachytherapy for cervix cancer in the UK
- The timely delivery of radical radiotherapy: standards and guidelines for the management of unscheduled treatment interruptions, Third edition, 2008
- On target: ensuring geometric accuracy in radiotherapy
- A Guide to Understanding the Implications of the Ionising Radiation (Medical Exposure) Regulations in Radiotherapy.

Forthcoming publications include:

- Radiotherapy Planning – Good Practice guidelines (with the Institute of Physics and Engineering in Medicine [IPEM] and the Society and College of Radiographers [SCoR])
- Paediatric Good Practice Guide (joint publication with the Children's Cancer and Leukaemia Group and SCoR)
- Reducing bed use in clinical oncology (JCCO publication)
- Radiofrequency ablation
- Job Planning Guidance.

Training

The last year has been dominated by the challenges and opportunities presented by the Postgraduate Medical Education and Training Board (PMETB), Modernising Medical Careers (MMC) and e-Learning for Health (Department of Health).

The Specialty Training Advisory Committee (STAC) has been working closely with our colleagues in clinical radiology, and the Royal College of Physicians of London, to complete the work required for submission to PMETB in October 2009. This involves:

- A curriculum review
- Development and piloting of workplace-based assessments
- e-portfolio production
- Defining the role of clinical tutors in a new environment of educational supervisors.

There has been extensive development and revision of both parts of the FRCR (Clinical Oncology) Examination, in particular Part II. Structured and standardised viva questions are now in use, and the clinical examination will be changed to a MRCP format in Spring 2011. Also, together with MMC, a group is exploring the possibility of the specialty joining the 2010 round of nationally co-ordinated recruitment. Oncologists in Wales have been taking part in the pilot of



workplace-based assessments and, it is hoped, will take part in the proposed pilot of national recruitment for clinical oncology at ST3 level. The College is grateful to the many Fellows who continue to invest heavily in the current frenetic training agenda.

The e-Oncology project (run jointly with the Royal College of Physicians of London) is under way and more than 100

colleagues in medical and clinical oncology have attended launch meetings and signed up to be content authors. A common core curriculum has been agreed and the first of the 15 module editors has been appointed. This is an exciting and challenging project which needs to be completed in two years and will provide a common core curriculum training for the first two years (ST3, 4) training in both clinical and medical oncology.

In addition, the Faculty, together with the SCoR and IPEM, has been successful in securing funding from the Department of Health to create an e-Learning programme for advanced radiotherapy techniques, such as IMRT and IGRT. This also will have the intended benefit of enabling Fellows to practise and develop skills in site-specific treatment volume outlining, with confidential automated feedback.

Oncology Registrars' Forum

The Oncology Registrars' Forum (ORF) has continued to develop and mature into an organisation which ensures effective communication between trainees in clinical oncology and the Faculty of Clinical Oncology. Communication is a two-way process and the ORF is fortunate that its regional representatives are as enthusiastic and committed to the ORF as they are, but equally that this enthusiasm is reciprocated by the Faculty.

Two major pieces of work have been carried out by the ORF this year. *The Trainee Induction Pack* provides a template induction programme for each training centre and is designed to welcome trainees to the specialty when they commence their training, as well as providing a degree of orientation to the specialty and some 'top tips for survival' in the first few months. The ORF is optimistic that all training schemes in the UK, as well as new trainees in clinical oncology, will find the pack useful.

The second piece of work, *Principles underpinning high quality training in Clinical Oncology*, is a reflection of the concern expressed by many trainees that their time spent training is compromised by increased NHS service commitments. It consists of a variety of suggestions such as how to construct an ideal weekly timetable, to ensure that the trainee obtains as much benefit as possible from each clinical attachment.

Both of the above documents are available for download from the ORF pages of the College website, where there is much other valuable information which will be of interest to both trainees and trainers. The ORF continues to support the Specialty Training Advisory Committee (STAC) in its development of the clinical oncology curriculum, and is pleased also to support the e-Oncology learning initiative. Work on the 2009 ORF survey of trainees in clinical oncology has already begun, and the Oncology Travel Club has been resurrected, thanks to the dedicated work of several ORF members.

Research

As reported by the President, there has been a major review of the College's approach to research this year. Within clinical oncology, the College's involvement in discussions with the National Cancer Research Institute in terms of the future direction of radiotherapy research has perhaps been of the most relevance to our Faculty. The future direction of scientific meetings and research grants will all be of relevance in the coming year. A successful meeting was hosted at the College in November 2008 to review and stimulate further interest in and support for academic training in our specialty. With the creation of Academic Clinical Fellowships, a number of training schemes is now able to deliver specific tailor-made academic training programmes. Research activity will be increasingly emphasised and integrated as a vital part of training. Future competency, rather than conventional time-based assessments, should assist in academic training being more easily incorporated into attainment of a certificate of completion of training (CCT).

Support for Fellows in practice

The Site-Orientated e-Networks (SOeNs) continue to generate discussion among the different site-specific groups. This electronic

method of communication is also being evaluated to determine where it can be extended.

The first ever census of the clinical oncology medical workforce was carried out over the summer and autumn of 2008. This was very successful and an excellent response was achieved. This has given us invaluable data to help to define the future of clinical oncology services. The report will be available on the website, and the intention is to make this census annual so that national workforce planning can have correct and current data to use.

The final data analysis of the College's 2007 Radiotherapy Audit was presented at UKRO 2009. It is important in showing that there are marked geographical variations in patients' access to radiotherapy, and also important differences in

treatment capacity, across England. Linking this year's workforce census to the same data will be helpful in targeting a workforce strategy in the next year.

In Wales, two meetings have so far taken place between members of the Standing Welsh Committee (SWC) and staff from the Chief Medical Officer's department in the Welsh Assembly Government to discuss issues surrounding access to radiotherapy and the implications of the report *Towards Safer Radiotherapy*. It is hoped that this will become an annual event to discuss important issues.

The Journal

Clinical Oncology continues to develop as a major international cancer journal with a continued high number of submissions, 40% of which are from outside the UK. The acceptance rate is steady at 35%, ensuring that high standards are maintained in the published material. This has been reflected in a further increase in the Journal's citation index this year. Volume 20 for 2008 comprised ten issues with one special issue, focusing on the management of uterine tumours. Analysis of Journal use shows that the content of these special issues predominates in the list of most paper downloads and citations.

The number of manuscripts submitted increases and is now over 600 each year. The regular publication of meeting abstracts and

“ Research activity will be increasingly emphasised and integrated as a vital part of training ”

special issues has made the work of co-ordinating the handling of manuscripts within the editorial office increasingly onerous. Despite this, the Journal's running remains highly efficient, with an average time for publication from acceptance of 13 weeks online and 15 weeks for the printed issue. Thanks, as always, is due to the Editorial Board, including its Regional Editors.

The high quality of papers accepted for publication is a tribute to the large number of reviewers who give freely of their time, especially the statistical reviewers, who review each original paper to ensure that all data presented in the Journal is statistically robust.

Patient involvement

Over the last year, the Faculty's Patients' Liaison Group has discussed a range of different issues, and individual lay members have also been involved in different committees and working groups within the College. These have included the Education and Faculty Boards, the Specialty Training Advisory Committee, Clinical Excellence Awards Committee, Joint Collegiate Council for Oncology and Recertification Committee. Lay members appointed by the group also participated in a number of external committees and bodies, including the National Radiotherapy Safety Group, Radiotherapy Development Board, NRAG, and the Paediatrics Working Party.

Topics discussed have included oncology-specific issues, among them the many different strands of the English Cancer Reform Strategy. The Group received reports on the different initiatives emerging from the Strategy, notably those on improving public awareness and seeking early diagnosis, plans to improve information facilities for patients and significantly proposals to improve how cancer services are delivered, including monitoring and measuring outcomes. The Group has

also been asked to contribute to discussions on *Transforming Inpatient Care* for cancer patients which will be examining treatment regimens and the role of the oncology ward, and responded to the critical NCEPOD report on chemotherapy services and on the National Chemotherapy Advisory Group response. Members of the Group are now becoming involved in looking at how changes can be made to improve chemotherapy services. These include discussing topics such as clinical oncology job planning, oncologists' workload and competencies and the introduction of acute oncology services.

The Group also discussed general issues affecting the whole of the medical profession arising from recertification and revalidation, and from reports such as *Tomorrow's Doctors*. The group responded to a variety of consultation documents on topics such as patient safety, complaint handling, confidentiality, prescription charges, the EU Directive on patients' rights in cross-border healthcare, the licensing of doctors, fitness to practise rules, the European Working Time Directive and creating primary care federations. The Group also made a challenging input into the College's work on the drafting of a patient's feedback questionnaire to be used for trainee doctors as part of their workplace-based assessment. The Group will continue to be involved in the question of lay involvement in the training of doctors and how it can be developed within the College.

Looking forward

The consolidation of activities on workforce, the many changes taking place in training, and the continuation of work to deliver on the development of radiotherapy promise that 2009–10 will be an active year. The Faculty is particularly keen to explore how it can improve on the support provided to its Fellows in practice, and this will be a focus for the coming year.

Clinical Radiology



Dr Tony Nicholson,
Dean, Clinical Radiology

Financial crises come and go. We all hope that the current one will follow the same trend but it looks as though there are tough financial times ahead. In the midst of the current gloom, the NHS agenda has shifted from quantity to quality. This is a move to be welcomed as we assess our current position and look back not just over the last 12 months but also over the last ten years. Radiology, though

not unrecognisable from ten years ago, has moved on dramatically. We should be in no doubt that investment has brought a significant increase in the number of consultant radiologists now employed by the NHS, and a very significant improvement in the imaging technology available to us. Therefore, despite hard times ahead, radiology is in a position of considerable strength.

PACS, teleradiology and outsourcing

New technologies have been at the heart of much Faculty activity in the last 12 months. The picture archiving and communications system (PACS) programme is now all but completed, and the Faculty is pleased to see the huge difference it is making to patients. However, our current position is the same as it was a year ago: while we welcome the investment and improvements brought about by such technology, we are disappointed that in England and Wales it has failed to deliver the promised data-sharing solutions. Scotland seems to have got it right and can transfer data instantaneously from its most remote hospitals to its many centres of excellence. In Northern Ireland, NIPACS will be rolled out across the province from July 2009 and is scheduled for full implementation from July 2010. The College's Standing Northern Ireland Committee has discussed the implications and potential opportunities for radiology networking within the Province, although the Committee is realistic of the impediments and complexities for achieving this. The College has highlighted the potential patient

harm inherent in data transfer by CD encryption and the downside of homemade solutions like DICOM push. We have stated our position quite firmly and will be talking with representatives of NHS Connecting for Health as far as England is concerned.

The workforce census recently undertaken (see below) suggests that 18% of our UK departments are outsourcing imaging. At the moment, we are unaware of what type of imaging is being outsourced, what future plans are and opinions in the radiology community on outsourcing; we will soon carry out a survey to address these gaps and inform our views. In the last 12 months, the IT Sub-Committee has produced an informative document for the Department of Health, through the National Imaging Board, on potential uses of teleradiology. The College is fully aware of the potential for harm to UK patients through unregulated outsourcing of services, and we have met with the General Medical Council (GMC) on this. There are many sensible views being expressed in Europe regarding outsourcing but it is clear that it is not possible for

the GMC to regulate European radiologists and that methods of accreditation vary from country to country across Europe.

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Workforce

We were pleased to carry out the first census of the workforce. Assistance was sought from the Regional Chairs, who compiled a list of radiology departments and potential workforce leads within their areas. The results give, for the first time, a picture of the senior radiologist workforce in the UK and will allow us to take an active part in discussions with the health departments in all four UK countries,

about future requirements. Sincere thanks are due to the very many radiologists who participated in the census, the success of which means that we will be repeating it in the future.

Revalidation and recertification

Revalidation continues to take up a huge part of the Faculty's time and effort, and the recertification group has displayed great knowledge, understanding and skill over the last 12 months. All doctors should receive their licences to practise in 2009 from the



Dr Giles Maskell,
Registrar, Clinical Radiology

GMC and the relicensing process will start soon after; we feel that the advice we will offer regarding audit, appraisal, multisource feedback and continuing professional development (CPD) strikes just the right balance. We have met with the GMC who told us that we are following the right lines and suggested future actions. The Academy of Medical Royal Colleges seems to be

developing similar tools. However, at the moment we really do not know what system will be put in place, and there are suggestions that a central body will be responsible for the process of revalidation. Until we know better, we will continue to develop our thoughts and tools for revalidation. In Northern Ireland, the Department of Health, Social Services and Public Safety has been in discussion with the GMC regarding the radiology process for consultant appraisal. A pilot process for this will occur in one of the five hospital trusts, led by the regional chair who will liaise with the College.

Service delivery

The delivery of radiological services is increasingly seen as an issue by both the Faculty and the Department of Health; government reports, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), the Care Quality Commission and others consistently criticise the delivery of radiological services. With this in mind the College, through its hard-working Standards Sub-Committee, has recently published two documents on the delivery of 24-hour interventional and diagnostic radiology services. The Faculty believes that imaging and intervention are increasingly so vital to patient management that such a service cannot exist in 'office hours' only. Ways have to be found that provide absolute clarity in the patient pathway as to where and how imaging and intervention is going to be provided. The above documents set out various options for such delivery but there is much that we have to put right within our training infrastructure, and the way in which we see ourselves as a medical speciality. In Scotland, the effect of targets on radiology departments has been raised and the need for

additional resources and staff emphasised, together with potential difficulties in finding appropriately trained and experienced staff. Also to this end, the Standing Northern Ireland Committee has discussed, with the Northern Ireland Department of Health, potential proposals for a Northern Ireland Diagnostic Imaging Board. A similar proposal has been made in Wales for a Welsh National Imaging Board.

Unfortunately, the increase in the number of radiologists in the last ten years has not been seen in interventional radiology (IR). The College has had to accept that IR services in the UK now lag way behind those of other European nations. To correct this, we have developed strategies that have been discussed at very senior levels in all four UK countries. We have asked for an increase in the number of designated consultant IR posts, a regional structure for IR services and clarity about funding streams and patient pathways. The Standing Scottish Committee has discussed, with the Chief Medical Officer, the

need to review the availability of IR services across Scotland and out-of-hours interventional cover. The Committee is conducting an audit to get a better assessment of the current situation across the country.

“ The College has had to accept that IR services in the UK now lag way behind those of other European nations ”

Standards and guidelines

The Imaging Services Accreditation Scheme (ISAS) was launched at the United Kingdom Radiological Congress (UKRC) in June 2009. The

launch marked the culmination of a three-year project, in collaboration with the Society and College of Radiographers, to create an accreditation process to support radiology services in the UK. The scheme is being run for the colleges by the United Kingdom Accreditation Service (UKAS). The standards against which radiology services will be assessed and the supporting commentaries, evidence and outcome measures are jointly owned by the two colleges. These standards themselves have been 'frozen' from approval in January 2009 for about four years, as the accreditation cycle will normally last around four years. The ISAS standards include explicit outcome measures that encourage organisations to improve on a continual basis against performance targets, and to ensure that targets that organisations set for themselves are in line with current best practice. In Wales, Wrexham Hospital has agreed to act as a pilot site for a Welsh radiology accreditation project.

For reasons outside the College's control, it has taken time for UK radiology departments and others to gain online access to *Making the best use of clinical radiology services* (MBUR), sixth edition. It is a remarkable and unique piece of work much admired around the world, which has become almost the signature activity of the RCR. Work is already well in hand for the seventh edition, with a publication date planned for late 2011.

The standards and guidelines established by ISAS and MBUR provide a firm foundation on which to build, and the Faculty will continue to work hard to strengthen standards in the future.

European Working Time Directive (EWTD)

Against the backdrop of issues affecting many specialties, the current view of the Faculty is that while the Directive will increase pressure on the delivery of training to our juniors, the logistics of delivering an ever-expanding curriculum in five years is a much more significant training issue (see the Training section). The EWTD will have its major effect on consultant radiologists, particularly those in shortage sub-specialties. A 48-hour week, averaged over 12 months, is probably deliverable but may not be if consultants have to cover out of hours for increasing periods of trainee absence. More significantly, the long weekend on call (from 5:00 pm on Friday to 9:00 am on Monday) will no longer be possible because of the compulsory rest period. While patients and many radiologists will applaud this, those in shortage specialties such as interventional, paediatric or neuro radiology, will find their free weekends reduced by 50%. This may make delivery very difficult at a time when more people need to be attracted into these shortage specialties.

Training

Over the last year, we have focused on a complete review of the core and special interest curricula – both to update them and to make them more clinically scenario-based. In parallel, we have



Dr David Lindsay,
Warden, Clinical Radiology

Time Directive and the increasing requirement for clinical knowledge as well as radiological knowledge and skills have opened up a debate about whether training can be satisfactorily delivered in five years, or whether we may need to look at extending its length. This will be considered very carefully before any changes are proposed. In Scotland, there are proposals to reduce training numbers by up to 40%. Scotland's Senior Medical

Officer explained that this reduction was due to the temporary bulge created when Modernising Medical Careers was introduced, so that final numbers would not be much down on pre-2004 levels.

The Standing Scottish Committee highlighted the increasing pressures for additional radiology consultants, requiring training numbers to be calculated carefully. The impact of PMETB reforms has also been felt in Wales; in the annual PMETB survey, clinical radiology achieved good trainee rating results across a wide range of categories. Particular note was made of the satisfaction score which was very high when compared with other centres across the UK.

The Radiology School in Wales made good progress with the PMETB quality management framework, and submitted its first new-style school report in 2008.

A pilot project evaluating various different workplace-based assessments has been undertaken across many training schemes in the country. Data is being evaluated, with a view to rolling out

“ The standards and guidelines established by ISAS and MBUR provide a firm foundation on which to build, and the Faculty will continue to work hard to strengthen standards in the future ”

these assessment tools across all training schemes. This will need to be supported by a programme of training for trainers. The data from these assessments and other evidence of training and learning will all be stored on an e-portfolio, which will be piloted later in 2009 and hopefully will be available alongside the roll-out of workplace-based assessments for the August 2010 entrants to training.

Among the many changes to the FRCR Examination are a new physics exam, introduced in March 2009; during the course of the next year we hope also to introduce single best answer questions in the Part 2A MCQ examination, a digital electronic anatomy exam, and a change to an electronic format for the rapid reporting and reporting examinations.

The electronic learning database (e-LD) continues to be improved, modified and updated and thanks are due to colleagues across the country who continually contribute to this process. The e-LD is a unique resource, which needs to become more embedded in daily teaching and training practice; it may also prove to be a useful resource in revalidation.

Other colleges are increasingly developing sub-specialty certificates of completion of training (CCT). While the Faculty recognises the many advantages that a broad view brings through general training, it also recognises that a consistently high-class service to a specialist and sub-specialist physician or surgeon can only be delivered by a radiologist with the same degree of sub-specialist knowledge. To this end, the Specialty Advisory Committee of the Education Board has the task of developing special interest curricula, and this should be seen as a first step in developing a sub-specialty CCT for IR. Other groups like neuro, paediatric or breast radiology may wish to make a similar case in future.

Junior Radiologists' Forum

The Junior Radiologists' Forum (JRF) continues to be proactive in promoting excellence in the training of radiologists. The Forum has contributed substantially to many areas of College work, including curriculum development, the e-portfolio and flexible trainee representation. A JRF session was organised for the UKRC in 2009, with plans for continuing this in the future, and a Management and Future Working Practice course has been jointly planned with the European Society of Radiology (ESR) for 2009 and 2010.

Given national EWTD concerns, a reference database of working practices has been established. The JRF is fully involved in looking at the feasibility of a nationally co-ordinated recruitment scheme.

The JRF also has lobbied on a number of areas in the past 12 months, notably:

- A change in the RCR's stance on research to improve radiology trainee opportunities, as a foil to the large amount of postgraduate imaging research among non-radiologists
- Ring-fencing radiology training to prevent interference from non-radiologists; for example, in interventional radiology
- More cardiac imaging training, shown to be inadequate in most training schemes by an RCR survey.

These issues have been well received by the Officers, and by non-JRF College committee members.

The success of the JRF in improving the lot of the trainee is due to the considerable enthusiasm of its representatives. New JRF representation is always encouraged and proactive trainees are recommended to stand for election.

Patient involvement

The Clinical Radiology Patients' Liaison Group (CRPLG) has continued to offer patient and lay perspectives on the work of the Faculty. Members have attended regularly the Faculty Board, the Education Board, the Standards Sub-Committee and the Equivalence Committee. Members of the group have served on the College Recertification Committee and European Sub-Committee, and have contributed individually and collectively to the College's responses to a number of consultation documents, and supported College Officers in pressing for improvements in interventional radiology services.

Issues of informed patient consent and confidentiality have again provided a major thread for CRPLG work, centred on concerns arising from the use of PACS, teleradiology and the development of data-sharing. Members of the CRPLG recognise the great benefits to patients of these developments, but are also aware that patients' concerns about the transmission, use and protection of electronic data have not yet been fully addressed. Proposals from the European Commission on cross-border healthcare add a further dimension of concern. The Group has accepted an invitation to send a representative to the English PACS Stakeholder Board, and thus contribute to future developments. The CRPLG is eager for the benefits of teleradiology, PACS and data exchange to be extended to all patients, but it is important that patients are given clear information about the use of their data, and that their interests are appropriately protected.

Regarding the benefits and risks of multiple scans, the Group contributed, independently of the College, to the Committee on Medical Aspects of Radiation in the Environment (COMARE) 12 consultation, and has discussed the provision of symptomatic scanning services. The unregulated nature of such services and their methods of advertising are matters of continuing concern.

In addition to work within the College, PLG members have taken part in the work of the Lay/Patient Group of the Academy of Royal Medical Colleges and consultation events arranged by the PMETB and the GMC. They have also worked with lay representatives at other medical Royal Colleges on matters of common interest.

The demand for patient involvement and consultation with patients, within and without the College, continues to grow, providing increasing workloads for the relatively small group of lay volunteers. The CRPLG welcomes the College's exemplary commitment to patient and public involvement in its work, and acknowledges gratefully the support given to group members. The prospect of lectures on radiological topics, with the public in mind, is another welcome development. Making the most effective use of lay resources in supporting and developing radiology services and improving the quality of patient care remains a challenge – for the CRPLG, the Faculty and the College.

The Journal

Clinical Radiology has continued to appear on time, and within budget, and the flow of copy remains healthy. Last year's report started in much the same way, but then went on to say, in the context of electronic publishing, that 'members and Fellows like to

receive a paper copy each month'. Shortly before this year's report, the Editor received a request from the Junior Radiologists' Forum that

members should have the option of foregoing receipt of the hard copy journal, largely because they only ever access it electronically, but also with the laudable intention of reducing both the Journal's carbon footprint and the rate of deforestation of the northern hemisphere. We had known for some time that, given the growth in electronic traffic, we would need to consider when and how to start the move away from paper. It may be that now is the time to give subscribers a choice, and initially trainees will be offered this upon enrolment.

The impact factor (IF) of *Clinical Radiology* dropped from 1.665 to 1.429 in 2007 and we have so far

failed to identify any factors which could have been responsible for the change. Similarly, we have never managed to determine what fuelled the rise to 1.799 in 2005. We like to think that this simply confirms the inadequacy of the IF as a measure of performance, and while we may do some fine tuning of content with a view to increasing citations, we shall continue to be motivated by the desire to produce a Journal that members and Fellows find useful in practice, and which encourages radiology research in the UK. In that context, any disappointment over the IF is more than compensated for by the continuing steep rise in electronic downloads of *Clinical Radiology* papers, and the steady flow of high-quality material.

Looking forward

The Faculty has experienced significant developments throughout the past year. We look forward to another challenging year for the Faculty, with much work to be done in all of the areas described.

“ The CRPLG welcomes the College's exemplary commitment to patient and public involvement in its work, and acknowledges gratefully the support given to group members ”

Accounts 2008



Dr Conall Garvey,
Treasurer

Report by the Treasurer of the College

1. Extracts from the accounts

	2008	2007
General Fund Only	£	£
Total income	4,666,133	4,194,398
Total expenditure	3,759,734	3,715,988
Operating surplus	906,399	367,643
(from the conduct of the general business of the College)		
Value of Investment Portfolios	7,881,183	8,902,818
(The total investment portfolio includes funds from a number of College Funds.)		
Gain/loss (realised and unrealised) in investments	(1,430,342)	35,891

This report covers the financial year 1 January –31 December 2008. An abbreviated version of the accounts is to be found on the pages following this annual report. The full audited accounts are available on request from the College at 38 Portland Place.

2. Overview of the Year

Although overshadowed by the financial uncertainty during the year, College activity remained high. Significant work areas included training developments, electronic examinations, revalidation, workforce censuses, and the launch of the Imaging Services Accreditation Scheme (the last of these largely funded by external grants). Many of these areas, though vital, will prove highly expensive for the College and pose a challenge on how best to fund these activities. The Treasurer, in consultation with Officers, is constantly reviewing areas where existing expenditure can be reduced in order to fund new activities. This review process is part of any good business but is particularly important in the current economic climate.

3. Investments

2008 has been an extremely turbulent year in global financial markets. Overexposure to toxic debt exposed major problems with a lack of regulation in major banks across the world. The turmoil that followed triggered unprecedented action by governments to prop up the banking system.

Before these events unfolded, the Treasurer, in consultation with the Investment Committee and the Finance Advisory Committee, decided in March 2007 to move £4.2m from the investment portfolio into a development fund based largely in cash and short-term highly rated bonds. As a consequence of this action, this sum has been preserved intact. The remaining funds were exposed to the downturn in the markets and have registered a significant loss (realised and unrealised) over the period.

In March 2008, the College appointed a new investment manager, Rathbone Investment Management, who has taken over the portfolio at a difficult time. Their performance continues to be closely monitored by the Investment Committee and our independent advisors.

4. Outlook

The College is confident that it has appropriate funds and systems in place to ensure a sound financial future. There are many challenges facing the College over the next couple of years. These include:

- Purchase of another building
- Introduction of electronic examining
- Costs associated with revalidation and CPD
- Development of a workforce function within the College.

These developments are critical for the College but are unlikely to generate income. In order to fund these developments, difficult decisions may arise as a result of the need to review activities closely.

5. Approval of Council

The audited accounts were approved by Council on 27 March 2009. The Annual General Meeting will be asked to adopt the accounts on 15 September 2009, when it will be proposed that Sayer Vincent should be re-appointed as College Auditors, and that Council be empowered to set the subscription rates for 2009–10 in accordance with the prevailing rate of inflation and the anticipated budgetary needs of the College.

Acknowledgements

This is my fourth annual report as Treasurer. As well as the wise guidance of committee members, I wish to thank, once again, our independent investment advisors Percival Stanion and David Newlands.

Dr Conall Garvey

Treasurer

Report of the Council

These summarised accounts are extracted from the full unqualified audited accounts approved by the Council on 27 March 2009 and subsequently submitted to the Charity Commission. They may not contain sufficient information to allow a full understanding of the financial affairs of the College. For further information, the full accounts, the auditors' report on those accounts, and the Council's Annual Report should be consulted: copies of these can be obtained from The Royal College of Radiologists, 38 Portland Place, London W1B 1JQ.

Signed on behalf of the Council

Dr CJ Garvey

Treasurer

July 2009

Auditors' report on summarised accounts

Independent auditors' statement to the Council of The Royal College of Radiologists

We have examined the summarised financial statements of The Royal College of Radiologists, set out on pages 19 and 20.

Respective responsibilities of Council and auditors

The Council, who are trustees under charity law, are responsible for preparing the annual report in accordance with applicable law.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements within the Annual Report with the full financial statements and Council's Report. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of Opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made by the Council in the preparation of financial statements, and of whether the accounting policies are appropriate to the College's circumstances, consistently applied and adequately disclosed.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and Council's report of The Royal College of Radiologists for the year ended 31 December 2008.

SAYER VINCENT

Chartered Accountants

Registered Auditors

Balance sheet

As at 31 December 2008

	2008	2007
£	£	£
Fixed assets		
Tangible fixed assets	2,061,467	2,115,552
Investments	7,881,183	8,902,818
	9,942,650	11,018,370
Current assets		
Debtors	255,468	204,489
Term deposits	2,000,000	
Cash at bank and in hand	397,389	2,348,302
	2,652,857	2,552,791
Creditors: amounts falling due within one year	1,360,640	1,427,131
Net current assets	1,292,217	1,125,660
Net assets	11,234,867	12,144,030
Funds		
Restricted funds	3,613,051	3,825,720
Unrestricted funds:		
Designated funds	2,494,598	3,137,398
General fund	5,127,218	5,180,912
Total funds	11,234,867	12,144,030

Statement of financial activities

For the year ended 31 December 2008			<i>2008</i>	<i>2007</i>
	Restricted	Unrestricted	Total	Total
	£	£	£	£
Incoming resources				
<i>Incoming resources from generated funds</i>				
Voluntary Income	15,123	800	15,923	32,836
Activities for generating funds	35,163	–	35,163	53,510
Investment income	78,349	470,922	549,271	477,560
<i>Incoming resources from charitable activities</i>				
Membership subscriptions	–	1,910,958	1,910,958	1,750,708
Examinations	–	761,332	761,332	684,149
Education	–	243,517	243,517	213,012
Courses	–	72,633	72,633	74,250
Conferences and meetings	–	361,265	361,265	339,593
Publications	–	410,708	410,708	139,400
Accreditation & ITI	490,000	–	490,000	622,249
<i>Other incoming resources</i>	–	62,062	62,062	79,521
Total incoming resources	618,635	4,294,197	4,912,832	4,466,788
Resources expended				
<i>Cost of generating funds</i>				
Costs of generating voluntary income	65,295	–	65,295	53,369
Net incoming resources available for charitable application	553,340	4,294,197	4,847,537	4,413,419
<i>Charitable activities</i>				
Membership	1,343	211,564	212,907	227,142
Examinations	4,866	850,340	855,206	764,327
Education	14,823	758,979	773,802	677,663
Courses	468	66,784	67,252	65,685
Conferences and meetings	912	427,113	428,025	388,590
Publications	1,071	216,146	217,217	138,737
Medical audit, guidelines, standards, accreditation & ITI	429,415	301,496	730,911	718,032
Faculties	5,062	698,336	703,398	500,919
Research	46,498	197,651	244,149	223,859
<i>Governance costs</i>	657	92,834	93,491	90,304
Total charitable expenditure	505,115	3,821,243	4,326,358	3,795,258
Total resources expended	570,410	3,821,243	4,391,653	3,848,627
Net incoming resources before other recognised gains and losses	48,225	472,954	521,179	618,161
Gains/(losses) on investments				
Realised	(37,618)	(168,621)	(206,239)	69,481
Unrealised	(223,276)	(1,000,827)	(1,224,103)	(33,590)
Net movement in funds	(212,669)	(696,494)	(909,163)	654,052
Reconciliation of funds				
Funds at beginning of year	3,825,720	8,318,310	12,144,030	11,489,978
Funds at end of year	3,613,051	7,621,816	11,234,867	12,144,030

All of the above results derived from continuing activities. There were no other recognised gains or losses other than those stated above.

Trustees 2008–2009 – Council

Trustees are the members of Council who comprise the Officers and elected Council members.

Officers

President (Chair of Council)

Professor A N Adam, London (2007)

Treasurer

Dr C J Garvey, Liverpool (2005)

Vice-President and Dean of the Faculty of Clinical Radiology

Dr A A Nicholson, Leeds (2008)

Vice-President and Dean of the Faculty of Clinical Oncology

Dr J M Barrett, Reading (2008)

Warden of the Faculty of Clinical Radiology

Dr D R M Lindsell, Oxford (2006)

Warden of the Fellowship and Warden of the Faculty of Clinical Oncology

Dr D Spooner, West Midlands (2006)

Registrar of the College and Registrar of the Faculty of Clinical Radiology

Dr G F Maskell, Truro (2006)

Registrar of the Faculty of Clinical Oncology

Dr A M Crellin, Leeds (2008)

Elected Council members

Clinical Radiology

Dr R C Fowler, Leeds (2008)

Dr R J H Robertson, Leeds (2007)

Dr F A Smethurst, Liverpool (2006)

Dr J A Spencer, Leeds (2008)

Dr A F Watkinson, Exeter (2008)

Clinical Oncology

Dr K Benstead, Cheltenham (2007)

Dr A M Cassoni, London (2007)

Dr A E Champion, Rhyl (2006)

Professor B Jones, Birmingham (2006)

Professor R E Taylor, Swansea (2006)

() = date elected

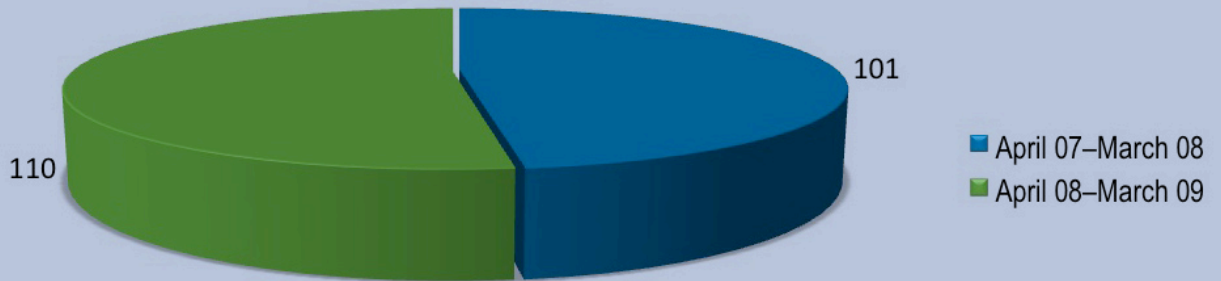
Legal and administrative details

For the year ended 31 December 2008

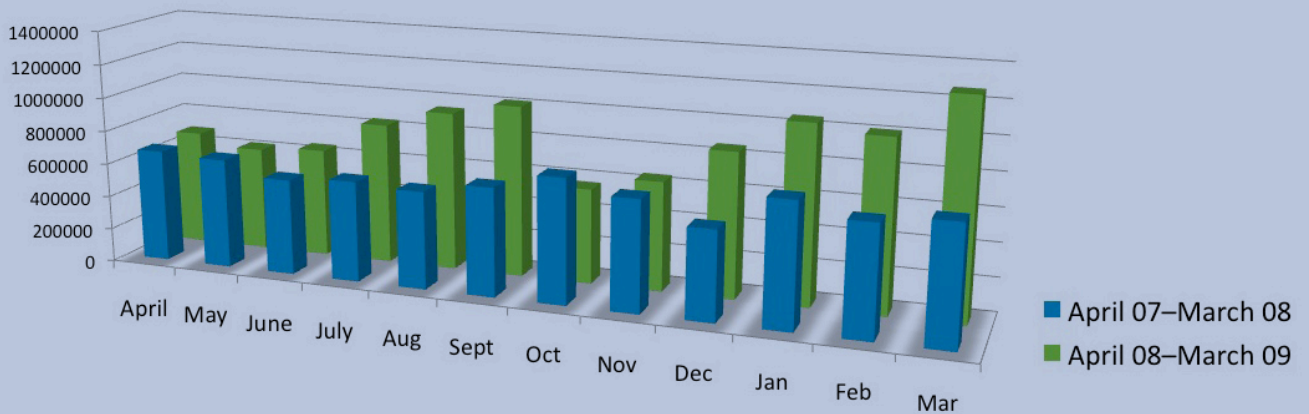
Status	The College is a charity registered with the Charity Commission, incorporated by Royal Charter in 1975.	
Charity number	211540	
Registered office and operational address	38 Portland Place London W1B 1JQ	
Bankers	National Westminster Bank PLC PO Box 2021 10 Marylebone High Street London W1A 1FH	
Solicitors	Camerons Solicitors LLP 70 Wimpole Street London W1G 8AX	Hempsons 40 Villiers Street London WC2N 6NJ
Auditors	Sayer Vincent Chartered Accountants Registered Auditors 8 Angel Gate City Road London EC1V 2SJ	
Investment managers	Rathbones Investment Management Limited 159 New Bond Street London W1S 2UD	

The College at a glance

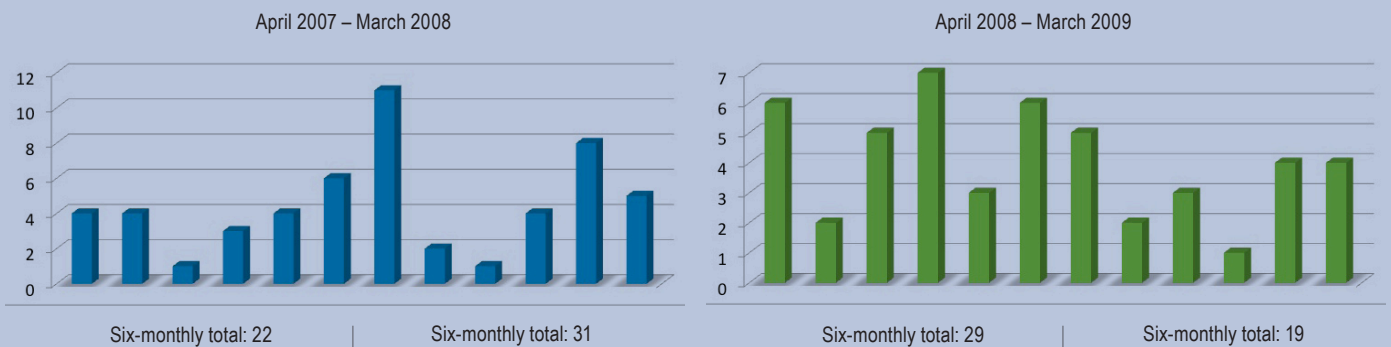
Average scientific meeting attendance



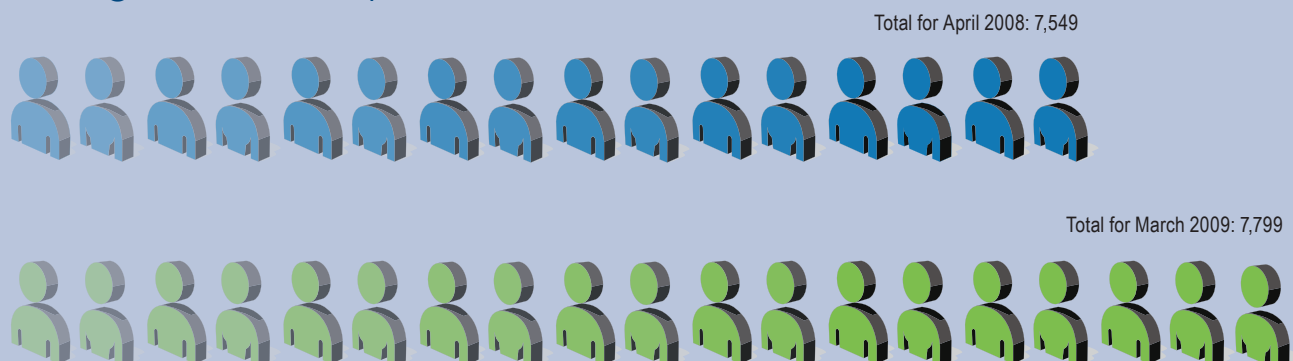
Website visitors



Consultation documents responded to



College membership



The Royal College of Radiologists 38 Portland Place London W1B 1JQ

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A Charity registered with the Charity Commission No. 211540



Citation details:

The Royal College of Radiologists. *Annual Report and Accounts 2008–2009*. London: The Royal College of Radiologists, 2009.

Ref No. RCR(09)2 © The Royal College of Radiologists, July 2009. ISBN: 978-1-905034-39-0

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